1425019

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR NIFORM LIMITED OFFERING EXEMPTION

5	SEC US	SE ONLY
Prefix		Serial
D	ATE R	ECEIVED
	1	1

Name of Offering (check if this is an a	mendment and name has changed, and indicate	change)	
Accell Systems, Inc. Issuance and Sale of		ominge.)	
		Section 4(6)	OF
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule 506	Section 4(6) Style Mall Frag	KOE Buujaa
Type of Filing: ⊠New Filing ☐ Ame	endment		
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about th	e issuer	IAN 2 '	2 2008
Name of Issuer (check if this is an ame	ndment and name has changed, and indicate cha		
Accell Systems, Inc.	•	•	ion DC
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Include	ing Area
25 Dartmouth Drive, Framingham, MA	01701	Code))#Q*
, ,		(508) 788-5189	
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Includ	ing Area
(if different from Executive Office)	2200500	-Gode)	926
,	PROCESS		Mail Pracecoing
Brief Description of Business:		^	Section
To provide telecommunications equipme	nt. JAN 2 8 20	16 1/	
		•	
Type of Business Organization		1	
Scorporation	limited partnership, already formed	other (please specify):	Washington, D
<u> </u>	<u> </u>	23 other (picase speeny).	104
business trust	limited partnership, to be formed		
	Month Year 🖂 A	ctual Estimated	
Actual or Estimated Date of Incorporation	or Organization: 1 0 0 7		
_	on: (Enter two-letter U.S. Postal Service abbrevi	ation for State: DE	
	CN for Canada; FN for other foreign jurisdic		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fees as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with the state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICAT	ION DATA PAGE TWO)				
2. Enter the information requested for the following:	• •					
• Each promoter of the issuer, if the issuer has been organized within the past five years;						
 Each beneficial owner having the power to vote or dispose, or directions of the issuer; 	ect the vote or disposition	of, 10% or more of	of a class of equity			
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and						
Each general and managing partner of partnership issuers.			<u></u>			
Check box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer	⊠ Director	☐ Manager			
Full Name (Last name first, if individual) Davis, Alan						
Business or Residence Address (Number and Street, City, State, Zip c/o Accell Systems, Inc., 25 Darthmouth Drive, Framingham, MA	•					
Check box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director	Manager			
Full Name (Last name first, if individual) Coronas, Jose J.						
Business or Residence Address (Number and Street, City, State, Zip c/o Accell Systems, Inc., 25 Darthmouth Drive, Framingham, MA						
Check box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	Manager Manager			
Full Name (Last name first, if individual) Fortier, John						
Business or Residence Address (Number and Street, City, State, Zip c/o Accell Systems, Inc., 25 Darthmouth Drive, Framingham, MA	•					
Check box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	Manager			
Full Name (Last name first, if individual) University Technology Seed Fund, LLC						
Business or Residence Address (Number and Street, City, State, Zipc/o Trillium Group, LLC, 1221 Pittsford Victor Road, Pittsford, N	•					
Check box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	Manager			
Full Name (Last name first, if individual) Crawford IV, Harden						
Business or Residence Address (Number and Street, City, State, Zi 195 Greens Farm Road, Green Farms, CT 06838	p Code)					
Check box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	Manager Manager			
Full Name (Last name first, if individual) Crawford III, Harden						
Business or Residence Address (Number and Street, City, State, Zip.O. Box 365, Far Hills, NJ 07931	p Code)					
Check box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	☐ Manager			
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zi	p Code)					
(Use blank sheet, or copy and use addit	ional copies of this cheet	as necessary)				

		_	•	B. INF	ORMATI	ON ABOU	T OFFER	ING				
••									••		Y	es No
1. Has th	e issuer sol	d, or does t	he issuer ir	ntend to sel	l, to non-ac	ccredited in	vestors in t	his offerin	g?			
			Ans	wer also in	Appendix,	Column 2	if filing w	nder ULOE	Ε.			
2. What i	is the minin	num invest	tment that v	will be acce	pted from	any individ	ual?				<u>n/a</u>	
												es No
			nt ownershi									
comm If a pe or stat	ission or signs on to be less, list the	milar remu listed is an name of th	ested for e ineration for associated he broker of set forth th	r solicitati person or a dealer. If	on of purch agent of a b more than	nasers in co proker or do five (5) pe	nnection we ealer registers ersons to be	rith sales of ered with the listed are	f securities he SEC and	in the offe d/or with a	ring. state	
Full Nam	e (Last nai	me first, if	individual)									
Business	or Residence	ce Address	(Number a	and Street,	City, State	, Zip Code)					
Name of	Associated	Broker or	Dealer			•					· <u> </u>	•
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
			Has Solicite									
(Check	"All States"	or check	individual :	States)	•••••			• • • • • • • • • • • • • • • • • • • •		•••••	Al	ll States
Full Nam	e (Last na	me first, if	individual)			<u> </u>						
Business	or Residen	ce Address	(Number	and Street,	City, State	, Zip Code) .	*****				
Name of	Associated	Broker or	Dealer	······································								
States in	Which Pers	son Listed	Has Solicite	ed or Inten	ds to Solici	t Purchase	rs					
(Check	"All States"	or check	individual (States)	•••••••			************			🔲 Al	II States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [MM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nam	ne (Last na	me first, if	individual)	•								
Business	or Residen	ce Address	(Number	and Street,	City, State	, Zip Code)	 -			-	
Name of	Associated	Broker or	Dealer									
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solic	it Purchase	rs					
(Check	"All States"	" or check	individual	States)	••••••		*************				A	II States
(AL) (IL) (MT) [RI)	(AK) (IN) (NE) (SC)	(AZ) (IA) (NV) (SD)	(AR) (KS) (NH) (TN)	(CA) (KY) (NJ) (TX)	[CO] [LA] [NM] [UT]	[CT] (ME) [NY] (VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) (MI) (OH) (WV)	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) (MO) (PA) (PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES ANI	D USE OF PRO	OCEEDS	-
Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for		**	
exchange and already exchanged. Type of Security	Aggregat Offering P		Amount Already Sold
Debt	•	<u> </u>	
Equity	\$		
☐ Common ☐ Preferred	1,000,00	<u> </u>	300,000.00
Convertible Securities (including warrants)	\$	0	5
0			
Partnership Interests	\$	0	5
0	•	٥	,
Other <u>0</u>	3	0	\$
	\$1,000,00	0.00 \$ _	500,000.00
Answer also in Appendix, Column 3, if filing under ULOE.		_	
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			A - -
	Number Investors	ı	Aggregate Dollar Amount of Purchase
Accredited Investors	2	\$_	500,000.00
Non-accredited Investors	0	\$	0
Total (for filings under Rule 504 only)	0		0
Answer also in Appendix, Column 4, if filing under ULOE.			
If this filing is for an offering under Rule 504 or 505, enter the information requested for all se types indicated, in the twelve (12) months prior to the first sale of securities in this offering.	ecurities sold by Classify securitie	the issuer, s by type l	to date, in offerin
	Type of		Dollar Amount
Type of Offering	Securit	У	Sold
Rule 505		\$	
Regulation A		\$	
Rule 504		\$	
Total		\$	
			Exclude
a. Furnish a statement of all expenses in connection with the issuance and distribution of the amounts relating solely to organization expenses of the issuer. The information may be given as a amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	subject to future of		
amounts relating solely to organization expenses of the issuer. The information may be given as s	subject to future of	contingenc	
amounts relating solely to organization expenses of the issuer. The information may be given as s amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and the left of the	subject to future of	contingenc	ies. If the
amounts relating solely to organization expenses of the issuer. The information may be given as s amount of an expenditure is not known, furnish an estimate and check the box to the left of the estin	subject to future of	s	ies. If the
amount of an expenditure is not known, furnish an estimate and check the box to the left of the estin Transfer Agent's Fees Printing and Engraving Costs Legal Fees	subject to future on nate.	s	ies. If the

Sales Commissions (specify finders' fees separately)		\$ <u> </u>
Other Expenses (identify)		\$0
Total	\boxtimes	\$60,000

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AN	D US	E OF PROCE	EDS
	b. Enter the difference between the aggregate of Question I and total expenses furnished in respons the "adjusted gross proceeds to the issuer."	e to Part C - Question 4.a. This difference is		s	940,000.00
5.	Indicate below the amount of the adjusted gross p used for each of the purposes shown. If the amou estimate and check the box to the left of the estimat the adjusted gross proceeds to the issuer set forth in	unt for any purpose is not known, furnish an e. The total of the payments listed must equal			
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			\$ 0	□ \$ <u>0</u>
	Purchase of real estate			\$ 0	5 0
	Purchase, rental or leasing and insta	allation of machinery and equipment		\$ <u>0</u>	s <u>o</u>
	Construction or leasing of plant buil	dings and facilities		\$ <u>0</u>	5 0
	offering that may be used in exchan	luding the value of securities involved in this ge for the assets or securities of another issuer		\$ <u>0</u>	□ \$ <u>0</u>
	Repayment of indebtedness			\$ <u>0</u>	S 0
	Working capital			\$ <u>0</u>	⋈ \$ <u>940,000.00</u>
	Other (specify):			\$ 0	S 0
	Column Totals			\$ 0	⋈ \$ <u>940,000.00</u>
	Total Payments Listed (column total	ls added)		⊠ \$ _	940,000.00
_		D. FEDERAL SIGNATURE			
	The issuer has duly caused this notice to be signe following signature constitutes an undertaking by request of its staff, the information furnished by	ed by the undersigned duly authorized persory the issuer to furnish to the U.S. Securities	and l	Exchange comm	nission, upon written
	lssuer (Print or Type) Accell Systems, Inc.	Signature Davis		Date January	<u>L</u> , 2008
	Name of Signer (Print or Type) Alan Davis	Title of Signer (Print or Type) President			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

